



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010

Richard C. Dunn
Director



Bob Holden
Governor

Dear Prospective Summer Food Service Program Applicant:

Enclosed is the application packet for the 2004 Summer Food Service Program (SFSP). A copy of our 2004 training schedule is also included. Please note that training is mandatory for new sponsors. Training for experienced sponsors is optional, but recommended. Experienced sponsors with new staff members should strongly consider sending new personnel to New Sponsor Training for a comprehensive introduction to the SFSP.

Please submit your **complete** and **accurate** application by the following deadlines:

- ◆ If you want commodities delivered in May, we must receive your application by **March 15, 2004**.
- ◆ If you want commodities delivered in June, we must receive your application by **April 15, 2004**.
- ◆ If requesting a June advance, we must receive your application by **May 1, 2004**, in order for the advance to be processed on time.
- ◆ If none of the above apply, the final deadline for your completed application to be received in our office is **May 15, 2004**, or 30 days prior to your first day of operation, whichever is **earlier**.

Completed applications should be mailed to: Missouri Department of Health & Senior Services, Community Food and Nutrition Assistance, 930 Wildwood, P.O. Box 570, Jefferson City, MO, 65102.

Previous SFSP sponsors may submit their applications via the Internet, if you prefer. If you have not already requested a user ID and password, please call our office for a network access form. Once your user ID and password are assigned, they will be mailed to you with instructions for submitting your application on-line. New sponsors may not submit their first applications via the Internet, but may request a user ID and password after approval. If you have other questions, please call us at 888-435-1464 or 573-751-6250. Your interest in the SFSP is appreciated.

Sincerely,

Melanie Madore, MHA, Associate Chief
Community Food and Nutrition Assistance

MM:ts

Enclosures

www.dhss.state.mo.us

The Missouri Department of Health and Senior Services enhances quality of life for all Missourians by protecting and promoting the community's health and the well-being of citizens of all ages.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
SPONSOR APPLICATION
(Please TYPE or PRINT Clearly)

MDOH USE ONLY:

Contract #: _____

Vendor #: _____

1. Name of Sponsoring Organization		2. Address (P.O. Box, Street, City, State & Zip Code)		3. County
				4. Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Urban areas include Kansas City, St. Louis, Columbia, Jefferson City, Springfield, Joplin, and St. Joseph. All others are rural .
5. Phone Number () _____ - _____	6. Fax Number () _____ - _____	7. Contact Person		8. E-mail Address of Contact Person (if available)
9. Type of Sponsor: <input type="checkbox"/> School (public or private, non-profit) <input type="checkbox"/> Government Entity (State, Local, Municipal or County) Example: County Health Dept. <input type="checkbox"/> Residential Camp (overnight camp) <input type="checkbox"/> National Youth Sports Program (sponsored by a public or private, non-profit college or university) <input type="checkbox"/> Private Non-Profit (PNP) Organization Examples: Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations.		10. Period of operation (M/D/Y) Beginning date - _____ / _____ / _____ Last date meals served- _____ / _____ / _____ <i>Last date of meal service may be no later than Labor Day, or a date prior to the first day of school in your location.</i> Total number of days of operation: _____ List date(s) <u>not</u> operating: _____ (List dates between your beginning date and last date of meal service, when meals will not be served. Example: July 4. It is not necessary to list weekend dates here). Note: <i>If your start or ending date changes, you must notify our office.</i>		
		11. Number of sites to be sponsored:		
13. Do you want Administrative Advance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No See note below. Amount Requested, 1 st Advance \$ _____ Amount Requested, 2 nd Advance \$ _____		14. Do you want Operational Advance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No See note below. Amount Requested, 1 st Advance \$ _____ Amount Requested, 2 nd Advance \$ _____ Amount Requested, 3 rd Advance \$ _____		
Note: <i>Administrative and Operational Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the amount you have requested. You may receive a 2nd administrative or operational advance only if you operate at least 10 days in the second month, and a 3rd operational advance only if you operate at least 10 days in the third month.</i>				
15. How many summers have you participated in the SFSP (do not count this coming summer)?				
16. Has the sponsor ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any Child Nutrition Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

17. Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?

☐ Yes ☐ No

If the sponsor is not a residential camp, please describe the ongoing, year-round service(s) provided:

Note: All sponsors, with the exception of residential camps, must provide an ongoing, year-round service of some type to the community served, in order to be eligible for the SFSP. Examples: Schools and colleges provide educational services; private non-profits might provide after-school programming, parent education classes, etc.; churches and faith-based organizations provide religious instruction and other services.

18. If an agency other than the sponsor is providing site personnel, give name, agency and title of the person responsible for communication between the sponsor and the other agency:

19. I will cover the following **minimum required topics** in my training sessions for administrative and site personnel ☐ Yes ☐ No

◆ Purpose of the Program ◆ Meal Pattern Requirements ◆ Site Eligibility ◆ Site Operations ◆ Recordkeeping ◆ Duties of a Monitor

List any other topics to be covered, if applicable:

20. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance, and will incorporate them into my SFSP operations: ☐ Yes ☐ No

1. Monitor sites and note areas of non-compliance
2. Discuss problems with site supervisor
3. Recommend corrective action
4. Follow-up in one week to assure corrections are made

21. Indicate type of meal service (check all that apply):

- ☐ Preparation at food service site
- ☐ Preparation at a central kitchen (serving two or more sites.) **Indicate name/address of central kitchen site below.**
- ☐ Under contract with local school food authority. **Indicate name/address of school food authority below, and include a copy of the School Food Service Agreement with your application package.**
- ☐ Under contract with a Food Service Management Company (FSMC). **Indicate name/address of FSMC below. ALL sponsors using a FSMC must submit a copy of the entire, signed contract before the SFSP application may be approved. If the contract will exceed \$100,000, attach a copy of the wording to be used in the summary of the invitation for bid, the planned date and place of publication, and the planned date and place of the bid opening, copy of the bid, a list of bidders, and cycle menus.**
- ☐ Extending contract with School Food Authority that provides meals during the regular school year. **Indicate name/address of School Food Authority below, and include a copy of the School Food Service Agreement with your application package.**
- ☐ Other (Specify) _____. **Indicate name/address where meals are prepared below.**

If other than preparation at food service site, please indicate the central kitchen, school, or company and address below:

Name of central kitchen site, school, or FSMC: _____

Street address (where meals are prepared): _____

City, State, ZIP code: _____

22. Indicate the source, if any other income is received to help finance the SFSP.

- ☐ Income from sale of adult meals
- ☐ Donations of food or money
- ☐ Grants specific for food or food preparation
- ☐ Other _____
- ☐ None

23. List estimated percent racial/ethnic make-up of the population of the area to be served (percentages must total 100%):					
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
%	%	%	%	%	100%

Within each category above, indicate the percentage that are of Hispanic or Latino ethnicity. _____

24. What efforts will be used to assure that minority populations have equal opportunity to participate?

- ☐ Distribution of brochures or Program information at public locations.
- ☐ Public service announcements in local newspaper, on radio or television. (Circle media type used. Otherwise, we will assume all three types are used.)
- ☐ Paid or free advertisements in local newspapers.
- ☐ Personal contact with community groups and/or parents.

I certify that these efforts reflect methods used to assure minority and grassroots organizations participate in the program.

→ _____ (**Superintendent/board president/director's initials**)

25. I certify that the items checked above contain the nondiscrimination statement and procedures for filing a complaint of discrimination **as required by SFSP regulations**. → _____ (**Superintendent/board president/director's initials**)

26. Has the sponsor ever been found to be in noncompliance of the Civil Rights Laws by any Federal agency? ☐ Yes ☐ No

If yes, explain:

APPLICATION COMPLETION

Before your application will be considered complete, you must submit the following items:

- ◆ The budget on pages 4 and 5 of the sponsor application, with all sections completed
- ◆ One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet
- ◆ Audit Requirements form
- ◆ Vendor Input form (all new sponsors; previous sponsors with address, contact, or telephone number changes)
- ◆ Copy of Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only)

SIGNATURE

Signature by the superintendent/board president/director and/or authorized representative below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated at all sites.
5. Reimbursement will be claimed only for meals served to eligible participants.
6. Each site will maintain a daily, point of service meal count, for each meal or snack service, that will be collected at least weekly by the sponsor.
7. The superintendent/board president/director and authorized representative(s) accept final administrative and financial responsibility for all SFSP operations at the sponsor's site(s).

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR

▶

SIGNATURE OF AUTHORIZED REPRESENTATIVE

▶

TITLE

DATE

TITLE

DATE

MDHSS USE ONLY BELOW THIS LINE

APPROVED BY

▶

TITLE

DATE

SPONSOR BUDGET**1. Administrative Salary Worksheet**

List administrative positions which will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites, and conducting training. For additional guidance, consult the Operating and Administrative Cost Sheet including with your application packet.

A. Administrative Positions (Do not include food service labor such as cooks, servers, janitors, etc.)	B. Number of Personnel in that Position	C. Hours per day spent on SFSP	D. Salary per hour if paid by SFSP reimbursement	E. Total number of days employed by SFSP	F. Specific Program Duties	G. Fringe Benefits	H. Total (BxCxDxE)+G
Director			\$				\$
Monitor			\$		This section is for the staff members who conduct your pre-operational and 1 st and 4 th week reviews at each site. Do not include "lunchroom" monitors or staff taking point-of-service meal counts in this section.		\$
Bookkeeper			\$				\$
Secretary			\$				\$
Other (Specify)			\$				\$
Other (Specify)			\$				\$
Total administrative salary/fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs in #3)							\$

2. Operational Salary Worksheet

List operational positions which will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A. Operational Positions	B. Number of Personnel in that Position	C. Hours per day spent on SFSP	D. Salary per hour if paid by SFSP reimbursement	E. Total number of days employed by SFSP	F. Specific Program Duties	G. Fringe Benefits	H. Total (BxCxDxE)+G
Cook							\$
Cook							\$
Server							\$
Server							\$
Janitor							\$
Other (specify)							\$

Total operational salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3)	\$
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3. Total SFSP Budget

Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

Administrative Costs	Proposed Administrative Budget	MDHSS USE ONLY Approved Administrative Budget	Operational Costs (Sites)	Proposed Operational Budget
Salaries/Fringe Benefits (Total from #1 on p. 4)	\$	\$	Food Service Labor/ Fringe Benefits (Total from #2 on p. 4)	\$
Rent for Office Space	\$	\$	Food	\$
Office Supplies	\$	\$	Supplies	\$
Administrative Mileage	\$	\$	Transportation of Food	\$
Audit Fees	\$	\$	Utilities	\$
Telephone	\$	\$	Equipment Rent	\$
Postage	\$	\$	Other (please specify)	\$
Printing/Copying	\$	\$		
Advertising	\$	\$		
Other (please specify)	\$	\$		
Total Administrative Costs	\$	\$	Total Operational Costs	\$
		Budget approved as shown above _____/_____/_____ (Approver's initials & date)		

Note: The administrative budget will be approved based on the estimated number of meals to be served this summer (meals multiplied by administrative rates). If your attendance is higher than originally estimated, or if your administrative expenses are higher than what is budgeted here, you must notify our office and submit a revised administrative budget before program operations end, so that your approved administrative budget can be adjusted accordingly.

Summer Food Service Program (SFSP) Application Checklist

Use this checklist to ensure that you have enclosed all required items with your application packet.

Application Item	New Sponsors	Residential Camps	Vended Sponsors	All other Sponsors
5 page Sponsor Application, including budget	X	X	X	X
Name and address of Food Service Management Company or School Food Authority on page 2 of Sponsor Application, Item 21			X	
Copy of Food Service Management Company or School Food Authority contract			X	
Site Information Sheet (one for each site)	X		X	X
On Site Information Sheet, a description of boundaries of area served by site. If boundaries overlap, include a brief statement indicating the necessity for each site. Applies to urban and multi-site sponsors only.	X		X	X
Map showing boundaries of area served by site. Applies to urban and multi-site sponsors only.	X		X	X
Site Information Sheet—Camps		X		
Audit Requirements form	X	X	X	X
Policy Statement for New Sponsors of the SFSP	X			
Documentation of Training to Program Personnel. It is an SFSP requirement that you train your program personnel prior to the first day of operations. Use this form as your sign-in sheet for training session(s). Submit this form as soon as training is complete (claims will not be processed without documentation of training).	X	X	X	X
Vendor Input Form. All new sponsors must complete this form, along with any previous sponsors that have changes of address, contact, or telephone number.	X			

- ◆ Please be sure all questions are complete and that all the forms have been **signed** and **dated**.
- ◆ The Site Change Worksheet is for reporting field trips; changes in meal times, meal types, or number of children or eligible disabled adults served; change of site location; change of dates of operation; or sites closing. Please keep the Site Change Worksheet for your use in reporting these changes to our office throughout the summer; please do not return it with your application packet.

Be sure to keep a copy of the application for your records.

Please submit your **original, completed, signed and dated** application packet to the following address by the deadline date listed in the application letter that applies to you:

Missouri Department of Health and Senior Services
 Community Food and Nutrition Assistance
 930 Wildwood (for shipping services such as UPS or FEDEX)
 P.O. Box 570 (for U.S. Mail)
 Jefferson City, MO 65102

Thank you for your interest in sponsoring the SFSP in your area! If you have any questions about the application forms or the approval process, please call us for technical assistance at our toll-free number, 888-435-1464.

Summer Food Service Program (SFSP) Application Instructions:

- ◆ The training flyer is enclosed in case you haven't signed up yet. Training is mandatory for sponsors new to the program this year. Training is optional for experienced sponsors, but recommended. If you have new personnel, it is highly recommended they participate in the new sponsor training.
- ◆ The five-page Sponsor Application, Site Information Sheet(s) {one for each site}, and Audit Requirements form must be completed. Sponsors new to the program must complete the Policy Statement.
- ◆ Vended sponsors: please be sure to complete the FSMC name and address on page 2 of the sponsor application. Please note that final approval of your application is pending receipt of your signed FSMC contract.
- ◆ Urban and/or multi-site sponsors: please note that on the Site Information Sheets you must describe the geographic boundaries to be served by each site. If the boundaries overlap, please include a brief statement indicating the necessity for each site.
- ◆ Please be sure all questions are complete and that all the forms have been **signed** and **dated**.
- ◆ In addition to the above, the Vendor Input form must be completed by NEW sponsors. Previous sponsors need to complete it if they have changes of address, contact, or phone number.
- ◆ The Income Eligibility Guidance is for new sponsors of camps or enrolled sites. Sponsors of camps or enrolled sites must keep documentation of income eligibility on file. Refer to the instructions and forms included in the booklet.
- ◆ It is required that you train your program personnel; please use the Documentation of Training form as your sign-in sheet for your training session(s). When you have completed your training you may submit this form to our office at that time or with your first Claim for Reimbursement. Claims will not be processed without documentation of training.
- ◆ The Site Change Worksheet is for reporting field trips; changes in meal times, meal types, or number of children or eligible disabled adults served; change of site location; change of dates of operation; or sites closing.

Be sure to keep a copy of the application for your records.

Please submit your **original, completed, signed and dated** application packet to the following address by the deadline dates listed in the application letter:

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
930 Wildwood (for shipping services such as UPS or FEDEX)
P.O. Box 570 (for U.S. Mail)
Jefferson City, MO 65102

Thank you for your interest in sponsoring the SFSP in your area! Please be sure to follow the deadline dates in the application letter. If you have any questions about the application forms or the approval process, please call us for technical assistance at our toll-free number, 888-435-1464.

Operating and Administrative Cost Sheet

Operating Costs

The Cost of Food Used:

- ◆ Cost of purchasing and storing food
- ◆ Non-food supplies needed for food preparation, service, or clean-up
- ◆ Cost of having food delivered (including USDA commodities)
- ◆ Cost of meals served to program adults

Operational Labor:

- ◆ Time spent preparing, delivering, and serving food
- ◆ Time spent supervising children during the meal service
- ◆ Clean-up time after the meal
- ◆ Time spent planning menus and completing production and meal count records

Other Operating Costs:

- ◆ Cost of delivering food to the site
- ◆ Mileage allowance for the purchase and delivery of food
- ◆ Rental of facilities, equipment, and vehicles
- ◆ Utility costs attributable to the SFSP
- ◆ Repairs to equipment essential to the SFSP
- ◆ Cost for transporting children to the meal service site (rural sites only)

Administrative Costs

Administrative Labor:

- ◆ Time spent preparing and submitting an application for participation in the SFSP
- ◆ Time spent hiring and training sponsor and site personnel
- ◆ Time spent maintaining program records
- ◆ Time spent completing the claim for reimbursement
- ◆ Time spent competitively bidding for meals
- ◆ Time spent attending training provided by MDHSS
- ◆ Time spent monitoring sites
- ◆ Time spent performing other activities necessary for planning, organizing and managing the program

Other Administrative Costs:

- ◆ Rent for office space, equipment and vehicles
- ◆ Use allowances for office equipment
- ◆ Office Supplies
- ◆ Mileage allowance for attending training and for monitoring
- ◆ Parking expenses for monitoring
- ◆ Telephone
- ◆ Postage
- ◆ Advertising expense
- ◆ Insurance costs
- ◆ Audit costs
- ◆ Travel costs



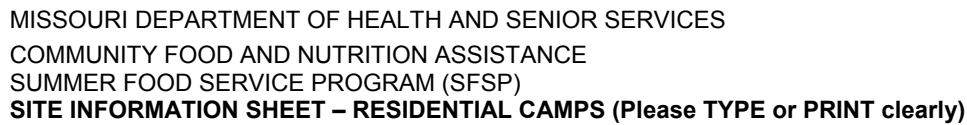
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE INFORMATION SHEET (Please TYPE or PRINT clearly)

MDHSS USE ONLY

Site #: _____

Name of Sponsor:		1. Name of Site:		
2. Meal Service Location (Street, City, State & Zip Code):				3. County:
4. Telephone Number:	5. Site Supervisor:	6. Did this site operate the SFSP at this location last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is this site a child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Check the programs in which this site participated in the last 12 months:				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> School Breakfast Program (SBP) <input type="checkbox"/> School Milk Program (SMP) <input type="checkbox"/> National School Lunch Program (NSLP)</div><div><input type="checkbox"/> Child and Adult Care Food Program (CACFP) <input type="checkbox"/> Food Distribution Program (FDP) <input type="checkbox"/> None of the above</div></div>				
9. a. Site Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Areas considered "urban" include Kansas City, St. Louis, Columbia, Springfield, Joplin, and St. Joseph. All others are considered "rural."		b. Urban sites and sponsors with more than one site: Define geographical boundaries served and attach a map with the boundaries marked. If boundaries overlap, include a brief statement indicating the necessity for each site.		
10. a. Type of Site (choose one): <input type="checkbox"/> School <input type="checkbox"/> NYSP <input type="checkbox"/> Government Agency (includes parks) <input type="checkbox"/> Migrant <input type="checkbox"/> Private Non-Profit (PNP) (such as churches, YMCAs, Boys and Girls Clubs, etc.)				
b. Site Eligibility: <input type="checkbox"/> Open Site qualified by: School Data _____% Year _____ Or Census Data _____% Census Tract(s) _____ Note: To qualify as an open site, at least 50% of the children in the area must be eligible for free or reduced price school meals, or at least 50% of the population of the census tract(s) served must be at or below 185% of the Federal poverty level. <input type="checkbox"/> Enrolled Site: Estimated number of children enrolled _____ Estimated number of children eligible _____ Note: To qualify as an enrolled site, at least 50% of the children enrolled in the meals program must be eligible for free or reduced price school meals, as documented by current, signed Income Eligibility forms kept on file at the Sponsor's office. <input type="checkbox"/> Migrant Site: Estimated number of children _____ Attach letter verifying site is a migrant site.				
11. Location where meals will be prepared (check one): <input type="checkbox"/> At food service site <input type="checkbox"/> At central kitchen <input type="checkbox"/> At vendor kitchen (circle one below) School Food Authority Food Service Management Company Note: For vended sites, be sure a copy of the School Food Authority or Food Service Management Company contract is included with your application. For more information, see the Sponsor Application, page 2, item 21.				
12. Meal Service Choices and Beginning/Ending Times: In the table below, please indicate the meals you will be serving, along with the beginning time, ending time, and estimated number of children that will be served at each meal. If over the course of the summer, the meals or meal service times change, or if the actual number of children served exceeds the estimate, please notify our office by using the Site Change Form. Note: You may choose a combination of two meals and/or one meal and one snack per day, with the exception of lunch and supper on the same day. If you will be serving different meals on different days of the week, please note in the table below. There must be at least 3 hours between the beginning of one meal or snack service and the beginning of the next. Breakfast and snacks are limited to one hour from start to finish. All other meals are limited to two hours from start to finish.				
Type of meal	Time meal begins	Time meal ends	Estimated Number to be served	MDHSS use only
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				

13. Period of Site Operation: First date SFSP meals to be served at site: / / Last date SFSP meals to be served at site: / / 		14. Check days of week Site will operate: <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday </div>					
15. Total number of operating days each month: Please indicate the number of days your site will operate each month, in the spaces to the right, below the corresponding month. Remember to indicate a total for the summer, and to exclude weekends and holidays as appropriate to your operations.	May	June	July	August	September	TOTAL	
16. What is the seating capacity of the site? Note: <i>This is the number of children who can eat at the site during one shift.</i> If children eat in shifts, indicate the number of shifts. 			17. How many staff will be assigned to this site? Note: <i>Include site supervisor, assistants, food servers, etc.</i>				
Questions 18 through 23 are for NEW sites ONLY.							
18. Describe the system used to serve meals to attending participants.							
19. Describe the means of communication that will be used to adjust meal counts.							
20. If excess meals are delivered, describe arrangements for handling them.							
21. Are there provisions for holding meals until the time of meal service? Describe.							
22. Program regulations require that alternate arrangements be made for parks or other outdoor sites, in the event of bad weather. Describe the arrangements that will be made for bad weather, if this is an outdoor site.							
23. Program regulations require that the sponsor conduct a pre-approval visit to the site, before the Missouri Department of Health and Senior Services will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site? Yes No (circle one)							
I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.							
Signature of Authorized Sponsor Representative			Title		Date		
Approval Signature of MDHSS Representative (MDHSS use only)			Title		Date		

CACFP-1007

9. What is the seating capacity of the site? _____ Note: <i>This is the number of children who can eat at the site during one meal shift.</i>		10. How many staff will be assigned to this site? _____	
Questions 11 through 15 are for NEW camp sites ONLY			
11. Describe the system used to serve meals to the children.			
12. Describe the means of communication that will be used to adjust meal counts.			
13. If excess meals are delivered or prepared, describe the arrangements for handling excess meals.			
14. Are there provisions for holding meals until the time of meal service? Describe.			
15. Program regulations require that the sponsor conduct a pre-approval visit to the site before the Missouri Department of Health and Senior Services approves the site. Has the sponsor conducted a pre-approval visit to this site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify that the site has the capabilities and facilities to provide the meal service planned for the number of children to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.			
Signature of Authorized Sponsor Representative		Title	Date
Signature of MDHSS Representative (MDHSS use only)		Title	Date




MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
AUDIT REQUIREMENTS

The Summer Food Service Program (SFSP) regulations require that an audit be conducted as prescribed in OMB Circular A-133 for all SFSP institutions who spend \$300,000 or more in Federal Financial Assistance (FFA) a year. To determine if you are in compliance with the audit requirements, please complete the information requested on this form, sign and return to our office with your application. **You must complete this form and the dollar amounts below, regardless of the amount of Federal Financial Assistance expended.**

Remember that FFA is the total combination of all federal funds expended, including United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) and any other Federal Programs. Also, the value of USDA commodity assistance is counted as part of the FFA.

INSTITUTION (SPONSOR) NAME	INSTITUTION FISCAL YEAR END DATE
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Including SFSP reimbursement, in what federally funded programs does your institution participate (Examples: National School Lunch Program, Special Milk Program, Child and Adult Care Food Program, etc.)? Show the approximate amount expended from each based on your last fiscal year end. Include the value of USDA commodities.

NAME OF PROGRAM		AMOUNT	
SFSP Reimbursement (previous sponsors only)		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL		\$	
SIGNATURE 		TITLE	DATE

AUDIT REQUIREMENTS FOR PUBLIC AND PRIVATE NON-PROFIT ORGANIZATIONS

- If an organization spends less than \$300,000 in annual FFA, no audit is required.
- Regardless of the dollar amount or source, any organization spending over \$300,000 in FFA that also has FNS Program funds, may choose to have either an organization-wide audit or a program specific audit of each program.
- If the organization spends more than \$300,000 from one federal program, the organization may choose to have a program specific or organization-wide audit conducted. If the organization has more than one federal program, it must have an organization-wide audit.
- A copy of the audit report must be provided to the Chief Internal Auditor, Missouri Department of Health and Senior Services, if you are required to have an audit. The audit report is due within nine months after the end of the period audited.
- All audit requirements/contracts must include certification that the contractor is in compliance with the regulations implementing Executive Order 12349, Debarment and Suspension. Please contact our office to obtain a copy of this certification.
- Federal Financial Assistance subject to audit under OMB circular A-133 are those funds expended by not-for-profit or public organizations to carry out a program. Payments for goods and services provided as a vendor are not considered federal awards and should not be included as Federal Financial Assistance.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
POLICY STATEMENT FOR NEW SPONSORS OF THE SFSP

FOR ALL SPONSORS:

_____ has agreed to participate in the Summer Food Service Program
(Name of Sponsoring Organization)
and accepts responsibility for providing program benefits to eligible children in the site(s) under its jurisdiction. The Sponsor assures the Missouri Department of Health and Senior Services (MDHSS) that although there is no separate charge established for meals, it will uniformly implement the following policy. In fulfilling its responsibilities, the Sponsor:

- A. Agrees that in operation of the Program, no child shall be discriminated against because of race, color, national origin, gender, religion, age, disability, or political beliefs. (Not all prohibited bases apply to this program.)
- B. Agrees to establish a procedure to account for meals claimed.

FOR SPONSORS OF CAMPS AND ENROLLED SITES ONLY, in addition to A and B, the Sponsor:

- C. Agrees that no meals will be claimed unless there is adequate documentation on file to support the claim. Adequate documentation (for each child's family) includes household income received by each household member, identified by source of income; names of all household members; social security number of either the head of household/primary wage earner or the adult signing the application; and the signature of an adult member of the household. Adequate documentation for a child who is a member of a food stamp or Temporary Assistance (TA) unit includes the name(s) and appropriate food stamp or Temporary Assistance case number(s) for the child(ren) and the signature of an adult member of the household.
- D. Agrees to maintain on file for three years all documentation to support claims.
- E. Agrees that there will be no physical segregation of, or other discrimination against any child. The names of the children for which meals may be claimed shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by any means. Further assurance is given that all children shall be served the same meals.

Shall describe below the method used for collecting payments from children who pay the full price of the meal while preventing the overt identification of children receiving a free meal:

- F. Shall attach a sample of the Income Eligibility Application, parent letter, and public release to be used. If the MDHSS prototype forms will be used, indicate in the space below and do not attach the forms. Shall describe below the method for accepting Income Eligibility Applications:

- G. Agrees to designate _____ to make determinations of
(Name and Title)
eligibility for purpose of claiming meals. The official will use the USDA eligibility criteria to make eligibility determinations conforming to the family size and income standards for reduced price school meals determined by the Secretary of Agriculture.
- H. Agrees that the application and parent letter and/or any other descriptive material distributed to parents or guardians shall contain only the family size and income levels for reduced price school eligibility. It shall also include an explanation that households with income less than or equal to these values would be eligible for free meals. The application and parent letter shall not contain the income standards for free meals. It shall contain a statement that if a child is a member of a food stamp or Temporary Assistance unit, the child is automatically eligible to receive free program meals, subject to completion of an application as described in C of this policy statement. Finally, a statement shall also be included to the effect that "In certain cases, foster children are eligible for free meals regardless of household income. If such children are living with you and you wish to apply for such meals, please contact us."
- I. Will establish a hearing procedure for families wishing to appeal a denial of an application for free meals. The Sponsor assures that if a family requests a hearing, the child shall continue to receive free meals until a decision is rendered.

FOR SPONSORS OF OPEN SITES ONLY, in addition to A and B, the Sponsor:

- J. Agrees that no meals will be claimed unless there is adequate documentation on file to support the eligibility as an open site. Adequate documentation includes, but is not limited to census data and/or school data verifying 50 percent or more of the children meet the 185 percent poverty guidelines.
- K. Agrees to maintain on file for three years all documentation to support claims for reimbursement.
- L. Assures that all children shall be served the same meals.

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR		SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE	
TITLE		TITLE	
DATE		DATE	



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)

Documentation of Training to Program Personnel

Name and Address of Sponsor	Date of Training
Name of Trainer(s)	Location of Training

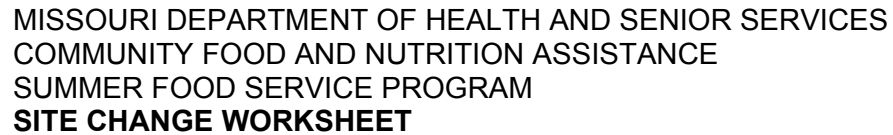
Training Topics:

Check the topics covered and list any additional. Topics listed are the minimum required.

- | | |
|--|--|
| <input type="checkbox"/> Purpose of the Program | <input type="checkbox"/> Record-keeping |
| <input type="checkbox"/> Meal Pattern Requirements | <input type="checkbox"/> Duties of a Monitor |
| <input type="checkbox"/> Site Eligibility | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Site Operations | |

Attach additional pages if necessary or attach copy of training program outline.

Training Participant (print name)	Participant's Signature	Title	Name of Participant's Site



MO 580-1892 (11-03)	CACFP – 1013
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SITE CHANGE WORKSHEET INSTRUCTIONS:

The Sponsor must notify MDHSS-CFNA if any of the following occur:

- Changes in meal service times
- Changes in meal types
- Increases in vended caps (i.e., estimated number of children to be served at each meal or snack service)
- Changes in operations—site closed, field trips, etc.
- Location changes
- Start/Stop date change
- Extending site operations
- Site closings
- Sites that were approved for operation, but never opened
- Changes in personnel—report changes of administrative personnel who serve as contacts to MDHSS-CFNA. Site supervisory personnel changes must also be reported to MDHSS-CFNA.
- Increases in the numbers served - if the overall number of participants served increases, report the new level to MDHSS-CFNA. Failure to do so could result in a loss of funds to which your organization could be entitled.

This information must be submitted to MDHSS-CFNA so the Sponsor's file can be updated. Failure to update this information could cause a claim for reimbursement to be rejected by the claims payment system and result in delayed and/or reduced payment.

The Sponsor must notify MDHSS-CFNA by 2:00 p.m. the day before the anticipated change is to take place. Failure to meet this deadline will result in disallowed meals. If a change is to occur on a Monday, the sponsor is required to notify MDHSS-CFNA by 2:00 p.m. on Friday afternoon.

In emergency situations, such as fire, flood, or transportation breakdowns, contact MDHSS-CFNA at 888-435-1464 as soon as possible, once the situation has been assessed.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM
ADMINISTRATIVE BUDGET REVISION

(Please TYPE or PRINT Clearly)

1. NAME OF SPONSORING ORGANIZATION	2. CONTRACT NUMBER												
<p>3. If the sponsor's level of site participation or the number of meals served to participants increases, the approved administrative budget may need to be revised. Failure to do so could result in a loss of funds to which the sponsor may be entitled.</p> <p>The Budget Revision must be forwarded to MDHSS-CFNA as soon as possible after the change is known and before the close of the site(s).</p> <p>Reason administrative budget needs to be changed (please check all that apply):</p> <p><input type="checkbox"/> Actual number of participants being served is more than the number originally estimated to be served. Attach a Site Change Form indicating the number of participants being served at each site by meal service type (breakfast, lunch, snack, etc.).</p> <p><input type="checkbox"/> Days of operation have been expanded. Indicate revised days of operation: start date _____ end date _____</p> <p><input type="checkbox"/> Site(s) have been added resulting in additional participants being served. Applications for new sites are attached or have been submitted to MDHSS-CFNA.</p> <p><input type="checkbox"/> Actual administrative expenses are greater than anticipated, in the following area(s):</p> <table style="margin-left: auto; margin-right: auto; border: none;"><thead><tr><th style="text-align: center; border-bottom: 1px solid black;"><u>Expense Category</u></th><th style="text-align: center; border-bottom: 1px solid black;"><u>Amount</u></th></tr></thead><tbody><tr><td style="border-bottom: 1px solid black; width: 60%;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Other (please indicate) _____</p>		<u>Expense Category</u>	<u>Amount</u>		\$ _____		\$ _____		\$ _____		\$ _____		\$ _____
<u>Expense Category</u>	<u>Amount</u>												
	\$ _____												
	\$ _____												
	\$ _____												
	\$ _____												
	\$ _____												
<p>4. Indicate your revised SFSP Administrative Budget. Include all administrative costs for which you plan to request reimbursement.</p> <p>Revised Total Administrative Budget \$ _____ (Note: It is not necessary to revise the operational budget.)</p>													
SIGNATURE OF AUTHORIZED REPRESENTATIVE ▶	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">TITLE</td><td style="width: 50%; padding: 5px;">DATE</td></tr></table>	TITLE	DATE										
TITLE	DATE												
APPROVED/ENTERED BY (MDHSS USE ONLY)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">TITLE</td><td style="width: 50%; padding: 5px;">DATE</td></tr></table>	TITLE	DATE										
TITLE	DATE												

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)**

REIMBURSEMENT RATES

FFY 2004

Maximum Per Meal Reimbursement Rates

Operational Meal Rates

Operational reimbursement will be based on the **lesser** of actual costs or eligible meals multiplied by these rates.

Breakfast.....	\$1.38
Lunch or Supper.....	\$2.41
Supplement.....	\$.56

Administrative Rates

Administrative reimbursement will be based on the **lesser** of the **approved** administrative budget, actual costs, or eligible meals multiplied by these rates.

A. For meals served at rural or self-preparation sites:

Breakfast.....	\$.1375
Lunch or Supper.....	\$.2525
Supplement.....	\$.0675

B. For meals served at urban, vended sites:

Breakfast.....	\$.1075
Lunch or Supper.....	\$.2100
Supplement.....	\$.0550

Missouri Department of Health & Senior Services

Community Food and Nutrition Assistance

Summer Food Service Program

2004 Training Schedule

The Missouri Department of Health & Senior Services, Community Food and Nutrition Assistance will be offering training for sponsors of the Summer Food Service Program (SFSP).

Sponsors who have participated previously in the SFSP may attend one of the previous sponsor training sessions. These sessions will only cover program changes for 2004.

For sponsors who did not participate in the SFSP last year, it is mandatory that you attend one of the new sponsor training sessions. It is strongly recommended that sponsors who have new personnel administering the SFSP also attend the new sponsor training session. These sessions provide a more comprehensive overview of the SFSP.

AGENDA	
PREVIOUS SPONSOR TRAINING	NEW SPONSOR TRAINING
9:00 a.m. – 12:00 p.m.	9:00 a.m. – 3:00 p.m.
<u>TOPICS</u>	<u>TOPICS</u>
Introductions Policy Review 2004 Making Changes Record Keeping Review Meal Service Requirements review Completing the SFSP Application Completing the Claim for Reimbursement Commodities Monitoring Nutrition Ed Wrap-up Evaluation and Adjourn	Introduction to the SFSP Sponsor and Site Eligibility Requirements Record-keeping Requirements SFSP Meal Pattern/Meal Service Requirements Completing the SFSP Application/Calculating SFSP Reimbursement MDHSS Monitoring of SFSP Sponsors – What to Expect Production/Inventory Records Commodities Making Changes Completing the Claim for Reimbursement Audit Requirements/Civil Rights Requirements/Appeal Procedures Evaluation/Adjourn Enrolled Sites Only – Income Eligibility Forms

Please complete the following registration information and return it to our office at least one week prior to the training date of your choice. You may mail it to the Missouri Department of Health & Senior Services, Community Food and Nutrition Assistance, P.O. Box 570, Jefferson City, MO 65102, or call toll-free at 888-435-1464 or fax it to us at 573-526-3679.

Name(s) of attendee(s): _____ Organization: _____ Address: _____ Phone Number: _____ Fax Number: _____ Date, location & time you plan to attend training: _____ (See dates and locations on reverse.)

TRAINING DATES AND LOCATIONS

PREVIOUS SPONSOR TRAINING	
DATE	LOCATIONS
<p>February 26, 2004 9:00 a.m. – 12:00 p.m.</p> <p>March 12, 2004 9:00 a.m. – 12:00 p.m.</p>	<p>Missouri Department of Health and Senior Services WIC Nutrition Training Room 930 Wildwood Jefferson City, MO</p> <p>Eastern District Health Office 220 South Jefferson St. Louis, MO</p> <p>Southeastern District Office 2875 James Blvd. Poplar Bluff, MO</p> <p>Northwestern District Health Office 3717 S. Whitney Avenue Independence, MO</p> <p>Southwestern District Health Office 1414 West Elfindale Springfield, MO</p>
<p>February 27, 2004 (AM & PM sessions) 9:00 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m.</p>	<p>Southwestern District Health Office 1414 West Elfindale Springfield, MO</p>
NEW SPONSOR TRAINING	
DATES	LOCATIONS
<p>March 10, 2004 9:00 a.m. – 3:00 p.m.</p> <p>April 2, 2004 9:00 a.m. – 3:00 p.m.</p> <p>April 16, 2004 9:00 a.m. – 3:00 p.m.</p>	<p>Missouri Department of Health and Senior Services WIC Nutrition Training Room 930 Wildwood Jefferson City, MO</p> <p>Eastern District Health Office 220 South Jefferson St. Louis, MO</p> <p>Southeastern District Office 2875 James Blvd. Poplar Bluff, MO</p> <p>Northwestern District Health Office 3717 S. Whitney Avenue Independence, MO</p> <p>Southwestern District Health Office 1414 West Elfindale Springfield, MO</p>

For directions or additional information, please call our toll free number at 888-435-1464.